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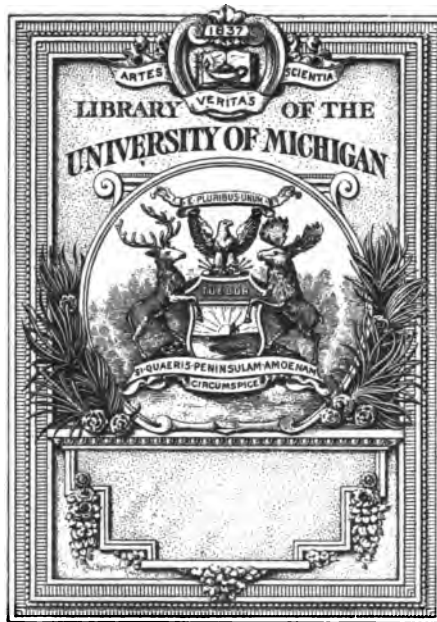
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Ohio Medical Con-
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PROCEEDINGS

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OF THE

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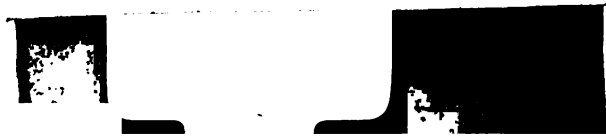
HELD AT COLUMBUS,

ON THE 5th of JUNE, 1849.

COLUMBUS, OHIO:

THRALL & REED, PRINTERS

1849.



PROCEEDINGS
OF THE
OHIO STATE MEDICAL CONVENTION.

COLUMBUS, June 5, 1849.

The Ohio State Medical Convention met in the Senate Chamber, Columbus, at 10 o'clock, A. M.

The President of the last Convention, Dr. R. HILLS, of Delaware; took the chair; and at his request, Dr. LANDON opened the session with prayer.

On motion, Dr. S. B. DAVIS was appointed Secretary *pro tem*.

On motion of Dr. J. P. JUDKINS, a committee of five was appointed to ascertain the names of those who were entitled to seats in this Convention.

Drs. *Judkins, J. B. Thompson, G. W. Bærstler, G. W. Landon, and B. F. Gard*, were appointed said committee.

On motion of Dr. BUTTERFIELD, a committee of five was appointed to nominate officers for this Convention.

Drs. *J. P. Kirtland, R. D. Mussey, E. Gaston, J. C. Norton, and R. Thompson*, were appointed said committee.

On motion of Dr. JUDKINS, the members of the profession who may be present from other States, were respectfully invited to take seats in this Convention,

The committee appointed to nominate officers, made the following report:

For President,

DR. PLINY M. CRUME, of Preble county.

For Vice Presidents,

- 1st. Dr. E. H. DAVIS, of Ross county;
- 2d. " J. C. NORTON, of Marion;
- 3d. " C. FAULKNER, of Butler;
- 4th. " E. CARNEY, of Delaware;
- 5th. " W. W. RICKEY, of Sandusky.

For Secretaries,

NORMAN GAY, of Franklin;
M. THOMPSON, of Knox.

For Treasurer,

J. B. THOMPSON, of Franklin.

On motion of Dr. J. B. THOMPSON, the report was laid on the table, to hear the report of the committee on Membership.

On motion, the committee on Membership reported the following names, which report was accepted :

- Athens*—B. D. Blackiston.
Belmont—E. Gaston.
Butler—C. Faulkner, L. Rigdon.
Clark—R. Hornbeck, C. S. Collins, Gillett, J. Orr.
Champaign--M. D. Vance.
Clinton—E. Burson.
Crawford—J. S. Reesinger.
Cuyahoga—J. P. Kirtland, Edwin Kelly, H. K. Cushing.
Delaware—P. P. Catley, S. H. Hathaway, J. B. Williams, R. Hills, E. Carney.
Fairfield—Wm. Fisher, G. E. Eels, G. W. Børstler, G. J. Jackson, L. Helmick, A. D. Fisher, G. J. Sacksey, J. S. Titus.
Franklin—A. D. Lord, C. F. Schenck, J. B. Thompson, John Morrison, R. L. Howard, B. F. Gard, J. S. Skinner, John Butterfield, G. Denig, R. Thompson, S. M. Smith, F. Carter, I. F. Taylor, H. Lathrop, Wm. Trevitt, A. Clark, J. F. Hildreth, G. W. Maris, G. W. Landon, N. Gay, J. Helmick, G. R. Snow, G. W. Helmick, P. Goble, G. W. House, W. S. Norton, T. W. Carney, C. P. Landon, W. E. Ide, L. Cheney, L. J. Møller, J. D. Thomas, A. N. Boal, E. Bliss, J. Langworthy, S. R. Stombaugh, J. B. McGill, J. P. Bywater, D. Camp, J. W. Hamilton.
Hamilton—J. P. Judkins, R. R. McIlvaine, R. D. Mussey.
Hocking—E. T. Brown.
Knox—M. Thompson.
Licking—N. W. Hubbard, E. F. Bryan, A. D. Witherell, W. W. Bancroft, J. Ewing, A. Cutting, A. G. Stevenson, E. Wheaton, E. Whitehead.
Lucas—W. W. Janes, G. Potts.
Lunatic Asylum—Dr. Awl, R. C. Hopkins, T. P. McCulloch.
Marion—J. C. Norton, R. C. Bowdich.
Madison—A. Toland, B. Crabb.
Medina—S. Hudson, A. Houtz.
Monroe—S. L. Ramage.
Morgan—Wm. H. Reeves.
Morrow—S. P. Hunt.
Pickaway—B. F. Smith, S. B. Davis, J. F. Wilson, J. W. Bell, J. C. Thompson, H. Taylor, S. V. Firor, J. W. Jones.
Preble—P. M. Crume.
Ross—J. M. Knox, J. B. Evans, E. H. Davis, A. W. Thompson.
Richland—Dr. Bricker.
Sandusky—W. W. Rickey.
Shelby—P. Beeman.
Seneca—M. Dana, J. Fredrick.
Stark--W. Bowen, F. J. Huesthell, A. W. Whiting.
Trumbull—T. W. Gordon.
Wayne—L. G. Hadley,
Wyandot—Thomas Foster.

On motion, the report of the committee on Nominations was taken up, and the nominations confirmed.

Dr. CRUMB, the President elect, on taking the chair, made some remarks, thanking the members for the honors conferred.

On motion of Dr. BUTTERFIELD, the hour of two o'clock was set to hear an address from Dr. HILLS, President of the last Convention.

On motion of Dr. GARD, the citizens of Columbus, and strangers in the city, were invited to attend the sittings of the Convention.

On motion, the following committee—Drs. *J. B. Thompson, Bærstler, and Bancroft*—was appointed to ascertain the amount of money necessary to defray the expenses of the Convention.

On motion of Dr. BÆRSTLER, the Rules of the last Convention were adopted as the Rules of this.

On motion, the Treasurer of the last Convention made a report, which was accepted.

On motion of Dr. HOWARD, all gentlemen who design reading papers to this Convention were requested to hand in their names, together with the titles of the papers they intend to read; whereupon the following papers were presented:

1. On Irregular Malarious Diseases, and their counteraction by Strychnine; by J. P. KIRTLAND, M. D.

2. Case of removal of part of the Femur, and the patient recovering the use of his limb; by Dr. E. CARNEY.

3. Case of perforation of the Rectum, and removal of the scrotal sack; by Dr. E. CARNEY.

4. Resection of the left Superior Maxillary Bone; by R. THOMPSON, M. D.

5. On Chloroform, Gutta Percha, and Collodion; by R. THOMPSON, M. D.

6. Morbid consequences of Lactation; by G. W. MARIS, M. D.

7. On the use of Letheon and Chloroform in Obstetrics; by G. W. BÆRSTLER, M. D.

8. Observations on the prevention of severe invasions of Scarlet Fever; by THOMAS CARROLL, M. D.

On motion, Dr. J. P. KIRTLAND was requested to read the paper he had prepared, but was excused at his own request, for the present.

Dr. E. CARNEY being called, read the following papers: 1st. Case of removal of a part of the Femur and the recovery of the use of the limb. 2d. Case of perforation of the Rectum and removal of the scrotal sack.

On motion of Dr. LANDON, they were ordered to be printed with the proceedings of the Convention. [Appendix A and B.]

On motion of Dr. S. M. SMITH, the subject of "Adulterated and Impure Drugs" was made the first order for to-morrow.

On motion, the Convention took a recess till 2 o'clock, P. M.

SENATE CHAMBER, 2 o'clock, P. M.

Convention met—the President in the chair.

Dr. R. HILLS delivered his valedictory, (pursuant to previous

motion,) "On the Pathology and Medication of Intemperance as a Disease;" after which the following resolutions were passed:

Resolved, That the thanks of the Convention be tendered to Dr. R. HILLS, for his interesting valedictory; and that a committee of five be appointed to report on the subject, at the next convention—Dr. R. HILLS being Chairman.

The President appointed the following gentlemen:

Dr. R. HILLS, Chairman; Drs. *W. W. Jones, E. Gaston, G. W. Landon, J. P. Kirtland.*

Resolved, 2d, That Dr. R. HILLS be requested to furnish a copy of the address to the Secretary, for publication with the proceedings of the Convention. [Appendix C.]

On motion, the committee on Finance reported the following resolution, which was adopted:

Resolved, That the sum of one dollar be assessed on each member of the Convention, to be immediately paid to the Treasurer.

The paper by Prof. KIRTLAND being called for by the President, was read: and, on motion of Dr. BIERSTLER, ordered to be printed with the proceedings of the Convention. [Appendix D.]

On motion, Dr. MARIS read a paper that he had prepared; which was ordered to be printed with the proceedings. [Appendix E.]

The attention of the Convention was called by the President to the report of the committee, appointed at the last Convention, to whom was referred the resolution offered by Dr. DAVIS, which read as follows:

"*Resolved*, That in the opinion of this Convention, it is inexpedient for the Medical Schools of Ohio, at this time, to lengthen the term of their sessions; but it should be strictly enjoined upon students to be present at the beginning, and to continue in attendance until the end of the session; which was amended by adding the following resolutions, by Dr. J. C. NORTON:

Resolved, That the practice of admitting young men to graduate, by attending upon one course of lectures only, considering four years' practice as equivalent to attendance upon another, is unjust to our Medical Schools, and to the community, as it indirectly holds out inducements to young men to engage in the practice of medicine, without due qualifications.

2. *Resolved*, That the Professors in the Medical Schools in this State, be requested to confer together upon the subject, with a view of correcting this evil."

Whereupon the committee made the following report:

Your committee, after the consideration which they have been able to give the subject of the resolutions, which were referred to them, are firmly of the opinion, that the recommendations contained in them, are of vital importance to the advancement of the profession and the safety of the community. They therefore ask leave to report them back to the Convention without amendments, and recommend their passage. Signed:

S. B. DAVIS,
JOHN NORTON, } *Committee.*
R. R. McILVAINE.

After some discussion, by Drs. BUTTERFIELD, ROBERT THOMPSON, BÖERSTLER, and KIRTLAND, it was adopted.

An invitation from Dr. LATHROP, Physician to the Ohio Penitentiary, to visit that institution, was received and accepted.

On motion, the Convention adjourned to meet at 10 o'clock to-morrow morning.

WEDNESDAY, June 6, 10 o'clock, A. M.

President in the chair.

Journal was read.

Leave being granted to introduce resolutions prior to the orders of the day, Dr. R. THOMPSON offered the following preamble and resolutions, which were adopted :

WHEREAS, it is known to this body that an attempt was made, during the last session of the Legislature, to obtain permission to introduce into the *Commercial Hospital*, located in Cincinnati, lecturers and practitioners of the several schools or orders of medicine, denominated Botanical, Medical, Eclectic, &c., which would, to the understanding of this body, be not only absurd in the extreme, but fraught with difficulties to those having control of said institution, and with danger to the inmates, irrespective of the comparative merits of their different modes of practice ; therefore,

Be it Resolved, by the Ohio State Medical Convention, now in session, That it is inexpedient to admit into the Commercial Hospital and Insane Asylum any other lecturers and practitioners than those now recognised by law as holding connection with that institution ; as a different policy would directly embarrass its movements, disturb its harmony, and greatly lessen its usefulness.

Resolved, That the primary and most important object of the Hospital is to provide for, and administer to the necessities of the indigent and destitute, and but incidentally to add to the advantages of medical classes ; and to the end that the humane and benevolent objects for which such institutions are established be fully realized, it is proper that they be held and maintained in a state of quietude and comfort, so far as the circumstances connected with the government can be made to effect it.

Resolved, That any other policy than that contemplated in the act of the Legislature establishing the said Commercial Hospital and Lunatic Asylum, would be subversive of the objects which dictated its establishment, and consequently subversive of any rights and privileges of those who, for many years, have borne the responsibilities, and performed the labors of said Commercial Hospital and Lunatic Asylum of Ohio, located at Cincinnati.

Resolved, That we recognise, in the acts of the last Legislature of Ohio upon this subject, evidence of that wisdom, humanity and justice, which originated and perfected the establishment of the institution.

When the subject of adulterated and impure drugs was taken up, and Dr. GUTHRIE, of New York, presented specimens of pure drugs from the house of PHILIP SCHIEFFELIN & Co., for examination. By request, Dr. G. addressed the Convention upon the adulteration of drugs in this country, and detailed the various means and substances by which admixtures are made.

Dr. GUTHRIE was followed by Drs. S. M. SMITH and BÆRSTLER, with appropriate remarks.

On motion, the thanks of the Convention were tendered to Dr. GUTHRIE for his address.

On motion, Drs. S. M. SMITH, BÆRSTLER, KIRTLAND, MUSSEY, and BUTTERFIELD, were appointed a committee to take the subject presented by Dr. GUTHRIE into consideration, and report to the Convention.

On motion, the subject of *Patent Medicines* was referred to the same committee.

Dr. G. W. BÆRSTLER offered the following resolution, which was adopted and referred to the same committee :

Resolved, That we pledge ourselves to each other and to the public, to purchase no drugs or chemicals which are not pure, so far as we can judge; and further, we will not purchase any drugs or chemicals from traders, who are known to keep adulterated or impure articles.

The following resolution was offered by Dr. FAULKNER, which was also adopted and referred to said committee :

Resolved, That it is the duty of physicians to give preference to druggists who do not sell quack medicines.

Dr. R. THOMPSON offered the following resolution, which was adopted by the Convention and referred as above :

Resolved, That the Convention tender their thanks to Dr. S. O. EDWARDS, of Ohio, for his laudable zeal and flattering success in his efforts to prevent the importation of adulterated and impure drugs into this country.

Invitations were received from the Superintendents of the *Deaf and Dumb*, the *Blind* and the *Lunatic Asylums*, for the members of the Convention to visit those institutions at their pleasure. Invitations accepted.

Dr. R. THOMPSON read his paper on the "Resection of the left Superior Maxillary bone;" which, on motion of Dr. LANDON, was ordered to be printed. [Appendix F.]

An invitation was received from the PHYSICIANS OF COLUMBUS, asking the members of the Convention to partake of an entertainment at the Neil House, this evening, at 9 o'clock. Accepted *unanimously*.

On motion of Dr. HILLS, the subject of CHOLERA was made the first order of the afternoon session.

The Convention took a recess till two o'clock, P. M.

SENATE CHAMBER, WEDNESDAY, 2 O'CLOCK, P. M.

Convention met—President in the Chair.

The subject of Cholera was taken up and discussed by Drs. MUSEY, JUDKINS, McILVAINE, FAULKNER, R. THOMPSON, MARIS, TOLAND, KIRTLAND and TREVITT.

On motion of DR. LANDON, the question was laid on the table.

On motion, the Convention adjourned to meet at 10 o'clock in the morning.

SENATE CHAMBER, THURSDAY, JUNE 7, 10 O'CLOCK, A. M.

Convention was called to order by the President, when the journal was read.

On motion of Dr. R. HILLS, the rules were suspended, and Dr. R. THOMPSON requested to read his paper on "Chloroform, Gutta Serena and Collodion;" which, on motion of Dr. LANDON, was ordered to be printed. [Appendix G.]

On motion of Dr. FAULKNER, Dr. BÖRSTLER was requested to furnish to the Secretaries a copy of his paper on "The use of Letheon and Chloroform in Obstetrics," for publication with the proceedings of this Convention. [Appendix H.]

On motion of Dr. BUTTERFIELD, Drs. J. B. THOMPSON and E. H. DAVIS were appointed a committee to examine and report, if they thought proper, on a "Graduated Galvanic Battery," patented by Mr. Coad, of Philadelphia, with insulated poles, &c., exhibited by Mr. Jas. W. Watson, of this city.

The paper by THOMAS CARROLL, M. D., of Cincinnati, was read, and, on motion of Dr. McILVAINE, was ordered to be printed with the proceedings of the Convention. [Appendix I.]

The question of cholera was called up and discussed by Drs. GOBLE, BUTTERFIELD and McILVAINE, who closed by offering the following resolution:

Resolved, That in the opinion of this Convention, Cholera is not contagious.

On motion of Dr. FAULKNER to indefinitely postpone, a discussion arose in which Drs. JUDKINS, McILVAINE, TREVITT, LANDON, GARD, BUTTERFIELD and HILLS, took part.

On motion, the Convention took a recess till 3 o'clock, P. M.

SENATE CHAMBER, 3 O'CLOCK, P. M.

Convention met; President in the chair. The discussion of Cholera was continued by Dr. GARD, and the motion of Dr. FAULKNER to indefinitely postpone, was taken and lost.

Dr. LANDON offered a substitute for Dr. McILVAINE's resolution, which was discussed by Drs. J. B. THOMPSON, LANDON, MARIS,

GUTHRIE, BUTTERFIELD, JUDKINS, McILVAINE, GARD, AWL, FAULKNER and S. M. SMITH.

On motion of Dr. S. M. SMITH, the subject was postponed until the first day of the next session.

The report of the Committee on Adulteration and Impure Drugs, was read and adopted, by sections, as follows :

WHEREAS, the extensive and multiplied means of deteriorating medical agents, as practiced by whole-sale dealers in drugs, abroad and at home, has now been brought before the public by the faithful and persevering labors of our *College of Pharmacy* and others, whose employment has brought them into intimate relation with the subjects, and whereas the evil has been corrected in part by National Legislation, through the wise councils and untiring zeal of one of our own Representatives in Congress, and whereas the laws of Congress will ultimately be of little avail, unless sustained by the co-operation of State Legislation, and inasmuch as this can be effected only by those means which will command the assent and united efforts of all our profession ; Therefore,

Resolved, That as a profession, we appeal with united voice to those engaged in the domestic drug trade, to supply us with articles of purest character ; and that we pledge ourselves to sustain them in the effort.

Resolved, That we pledge ourselves to each other and the public, that we will purchase no drugs, or chemicals, that are not pure, so far as we can judge ; and further, that we will deal with no trader whom we know to keep adulterated or impure articles.

Resolved, That the Convention appoint a committee of ——— to present to the next Legislature the crying nature of this evil, and to memorialize them in the name of this Convention, to pass such laws as shall best sustain National Legislation on this subject.

On motion, the blank was filled by the following names : S. M. SMITH, KIRTLAND, JUDKINS, RICKEY and E. GASTON.

Resolved, That the same committee further memorialize the Legislature on the subject of *Patent* and secret medicines, for the passage of a law requiring that all such articles sold as medicines, shall have upon them a label, in the English language, setting forth the ingredients, and the proportion of each ingredient contained in the compound.

Resolved, That the thanks of this Convention are due to our Representative, Dr. S. O. EDWARDS, for his faithful and successful efforts in the cause of pure medicines.

S. M. SMITH,
G. W. BOERSTLER,
J. BUTTERFIELD,
R. D. MUSSEY.

Dr. A. J. THOMPSON offered the following resolution :

Resolved, That the same committee be instructed to prepare and circulate among the profession, a memorial for general signature among the people, touching the same subject ; which was adopted.

On motion of Dr. McILVAINE, the following resolution was adopted :
Resolved, That the thanks of the Medical Profession are due the house of Philip Schieffelin & Co., of New York, for their efforts to furnish the community with pure drugs ; and we recommend their extra medicines to the confidence of Dealers and Practitioners.

On motion of Dr. FAULKNER, the Secretary and Treasurer, and Dr. MARIS, were appointed a Publishing Committee.

On motion of Dr. MARIS, the President appointed the following gentlemen delegates to attend the National Medical Association, to meet in Cincinnati in May next :

Dr. TREVITT, Franklin county ;	Dr. TOLAND, Madison county ;
" EELS, Fairfield "	" E. CARNEY, Delaware "
" CONKLIN, Shelby "	" DANA, Seneca "
" GILLETT, Clark "	" McILVAINE, HAMILTON "
" RIGDON, Butler "	" FOSTER, Wyandot "
" HUNT, Warren "	" J. C. THOMPSON, Pickaway.

On motion of Dr. McILVAINE, the proceedings of the Convention were ordered to be published at the earliest opportunity.

On motion, the thanks of the Convention were tendered to Mr. JOHN GREINER, for his kindness in furnishing the room and attendance during the sitting of the Convention.

On motion, the Secretary was ordered to furnish certificates to those gentlemen who were appointed delegates to the National Medical Association, to meet in Cincinnati in May next.

On motion, the thanks of the Convention were tendered to the officers of the Convention, for the faithful discharge of their duties.

On motion, the following gentlemen were appointed to make arrangements for the next Convention: Dr. GARD, Dr. I. F. TAYLOR, Dr. AWL.

On motion of Dr. HILLS, the Convention adjourned to meet on the first Tuesday of June, 1850.

NORMAN GAY, *Secretary*,
 M. THOMPSON, *Assist. Sec'y*.

APPENDIX.

[A.]

CASE OF REMOVAL OF THE LOWER PORTION OF THE FEMUR, AND THE PATIENT RECOVERING THE USE OF HIS LIMB.

BY DR. E. CARNEY.

On the 15th of June, 1847, Dr. GREGG, of Liberty, Delaware co., O., brought a boy to my office, nine years of age, to consult me in relation to the propriety of amputating his thigh. The condition of which I will give: Just above the knee joint, on the inner side of the thigh, there was an opening from which protruded the lower portion of the femoral bone, it having separated from the condyles about one inch above the joint; some five inches above this opening there was a cicatrix, the seat of an old ulcer; opposite the cicatrix the bone was separated from the part above. There was no swelling or inflammation of the limb; and no pain except when the patient attempted to walk.

After the examination of the limb, I advised the removal of the carious bone, which was assented to by Dr. GREGG. We immediately commenced the operation, and in a few minutes succeeded, with very little use of the knife, in removing from five to six inches of the shaft of the femur. It was detached from the bone above and below, and nearly separated from the surrounding soft parts. But little hemorrhage followed the operation; when the hemorrhage subsided, I applied a common roller to the limb, and the boy was taken home in a carriage, some 14 miles distant, the same day. The patient was directed to keep the bandage applied; and once in twenty-four hours to have the wound injected with a weak solution of Muriate of Ammonia. At the end of six weeks, Dr. GREGG informed me that the wound was nearly healed; but there was yet some swelling, and a little discharge from the wound, which lasted a few weeks more, when the limb became sound, except occasionally slight swelling of the glands in the groin of that side. The boy is now active, and the strongest, of his age, of any in his neighborhood.

I learned but little of his history prior to the operation. The boy, in the winter of 1843 or 1844, fell from a pile of wood and injured the thigh; in two or three days the pain ceased and he had no fur-

ther trouble with it until the following May, when it commenced swelling, and at several places sinuses formed and discharged from time to time, until the bone was removed as stated above. The treatment had been empirical, and of it, little is known.

[B.]

CASE SECOND.

WOUND OF THE RECTUM AND SLOUGHING OF THE SCROTAL SAC.

BY DR. E. CARNEY.

On the 23d of November, 1846, I was called to Trenton tp., Delaware co., O., to visit Mr. D. O., thirty years of age, in consultation with Dr. CRAWFORD, of Sunbury, O. We found the patient suffering from a large wound in the perinæum. Mr. D. O. was in his barn on a hay-loft, and in attempting to slide down from the hay-loft, some six feet, he came in contact with the end of a fork-handle, which was standing against the hay, with the fork downwards. The end of the handle passed into the anus; and just above the sphincter ani it perforated the rectum on the anterior surface, passing between the superficial and middle fascia of the anterior perinæal space, thence into the scrotal sac, (as was afterwards ascertained.) The handle of the fork was removed, and Dr. CRAWFORD sent for immediately. On his arrival the parts were swollen and very painful; Dr. C. made use of the common means that would be resorted to in such accident, without being able to ascertain the direction the fork-handle had taken, or the extent of the wound. I think on the third day I was called (after the accident) to consult with Dr. CRAWFORD. We found him in considerable pain, with a pulse and other symptoms of inflammatory action. The scrotum was so much enlarged and hardened that I made a free incision into it, and found it contained a large quantity of fecal matter. After cleansing the parts as well as we could, we applied a T bandage over the perinæum, hoping to prevent the feces from passing through the wound in the rectum. On the 27th of the same month, I was again called in consultation with Dr. C., and on examination, soon learned that our dressing had not answered the purposes for which they were intended. The discharges from the bowels had all passed through the wound in the rectum and out at the incision made in the scrotum. We then laid open the wound from the incision in the scrotum to the rectum, dividing the sphincter ani. The wound was dressed by filling firmly with lint, when the fecal matter passed through the anus. At that time I discovered some disposition in the scrotum to slough. About the incision which was first made, the coats looked red, and were highly inflamed and very sensitive. On the 2d of December, I was

again called in consultation with Dr. CRAWFORD; when we found the scrotal sac had mortified, and sloughing had commenced; a line of demarkation having formed all around the neck of the sac. We removed the slough, consisting of the skin, dartos and superficial fascia, and applied a dressing of simple cerate and oiled silk. The wound in the perinæum was healing kindly, and the general health improvement taking place in his condition.

We attended to the man's general health, keeping the wounds in as good condition as we could. The wounds all healed in from two to three months, and the man is now enjoying his usual health, though he has not the power of controlling the action of his bowels as he formerly had.

[C.]

ON THE PATHOLOGY AND MEDICATION OF INTemperance AS A DISEASE.

BY R. HILLS, M. D.

There are many subjects connected with the profession of medicine, sometimes intimately so indeed, that for some reason or other do not receive at our hands an attention adequate to their importance. We are apt to slide over and neglect them, as we neglect many important facts, that if grasped and thoroughly investigated would lead to most important results.

It is upon one of these greatly neglected subjects that I have chosen to spend a few moments of your time, while performing a duty that your undeserved kindness, and one of our established usages, have imposed upon me. It is a subject, however, I am fully aware, that will not seem to the minds of many to be in good taste for the grave consideration of a body like this; and yet I am not conscious of the existence of any malady to which the human system is liable, that will exceed it in the multiplicity or severity of its injurious influences, immediate and remote, upon our health and happiness. I cannot but think that there has been an unpardonable shrinking from duty on the part of our profession regarding it; and if my subject does not meet with the full approbation of this entire body, I must at least be permitted to say that I wish it did, and that its selection has resulted in part from a conviction of duty, fully satisfied that I should be sustained by many at least of the leading minds of our profession, such as a Rush, a Todd, a Sewall and others. But I have a higher sanction and authority than even this. In that instrument which originally called us into existence as a conventional body, and to which we occasionally refer as a kind of Magna Charta, it was expressly declared, among other things specifically named, that the subject of *Intemperance* would claim the attention of the Convention. Every thing else *has* received its due share of attention and consideration;

yet this one has received none, directly or indirectly—has remained totally untouched, as if it were some rank and loathsome contagion! Is this right? Why not bestow upon it a modicum at least of our thoughts and consultations? On some accounts, however, I am not unthankful that it has been left to the present period, as one congenial to my feelings and taste for an occasion like this.

Let there be no uneasiness as to my object. It is not as a mere philanthropist, a temperance lecturer, but as a professional man, an investigator of disease, that I propose to notice this subject at this time.

Is habitual intemperance a disease, or rather a manifestation of disease of the human system?

If it be a disease, is it a curable or an incurable one?

If curable, what is its appropriate treatment, what the medicinal and what the moral, and how should the two be combined to effect the greatest ultimate good?

If it be a disease and curable, how far should it be left to its ravages uncontrolled, abandoned to the sole guidance of its own miserable victim?

If a disease of a physical character, what are its relations to insanity, and how far is the sufferer a morally responsible agent?

Whether responsible or irresponsible, what are the *rights* and what the *duties* of the community in relation to restraint and control?

Again; if we believe intemperance to result from diseased action, and that diseased action be amenable to treatment, are we not grossly neglecting our duty in not placing the subject aright before the world, in controlling and directing public sentiment, in removing popular prejudices, in recommending curative, protective, and ameliorating means of treatment as in other diseases?

Lastly, if decision and action in these matters be right, should they be left to philanthropists alone, or is it *our* duty, as professional medical men, the especial guardians as it were of man's physical and mental health, to consider, decide and act?

These are all questions, it appears to me, of the gravest import. Yet it is not my intention to detain you by a thorough investigation of any of them, but to examine briefly a few, with the desire and expectation simply of fixing professional attention upon them.

As it regards the first inquiry, whether habitual intemperance be a direct consequence of diseased action of the human system or not, it would almost seem folly to dwell upon it for a moment; and yet how little is it thought of as such by any of us—how seldom do we allow the reflection that the habitual drinker is as much and as certainly the victim of disease as one with a phthisis pulmonalis, another with ascites, or another with gangrene. Yet is it not so? There is no mistaking the fact *at particular stages* of the affection. When professionally called to aid the miserable sufferer from Delirium Tremens, we have unmistakable proof of disease there,—or when called to the struggling form of one tortured and writhing with the strong convulsions of the drunkard, we see it there,—or when at a coroner's inquest we gaze upon the mangled, butchered corse of the wife or

the child, or it *might be*, as it *has been*, the entire family of him who in the wild delirium of his drunken insanity, with maniacal savage ferocity had thrust them into eternity, is it not there? But why need we multiply examples of this sort? You are all familiar with a host of them. They are termed and spoken of simply as *consequences of habits of intemperance*, but in truth they exhibit the advanced stage of a disease which for a long time has been corroding and ulcerating within, habitual drinking being only the symptom or evidence of its existence. I know not why we should thus delay our ideas of the existence of bodily ailment in this, any more than in other affections, until the closing scenes or secondary stages are developed. It is not thus in scrofula, in phthisis, syphilis, cholera, or any other disease. In their contemplation we go back to the remotest period when the slightest variation from a state of health becomes manifest; and why not in this? If we do, will we not finally arrive at that point where, from the *occasional* use of intoxicating beverages, a thirst for more is produced, a constant longing for the repetition of its influences. There we will find the first changes to occur in the functions of health, the first inception of a diseased action that demands its tribute at increasing rates, more and more imperiously, until it is at last satisfied only with the unconditional surrender of its victim. I do not propose to enter into an examination of the question in what that disease may consist — what is its true pathology. The fact that it has a pathological character at all, is that which I am most desirous of establishing. As it is in other affections, so it might be impossible, in this, in its earliest stages, to make plain to our vision the physical changes occurring in the system; but as it progresses, those changes become distinctly manifest in the inflamed stomach, the diseased liver, the turgid brain, and a thousand other plain conditions of structural disorganization. Thus it is rendered *probable* if not *certain*, that the ordinary opinion upon this subject as to cause and effect should be reversed; that *habitual* drinking is an *involuntary consequence of diseased action*, that may have been started by occasional, voluntary libations, it is true, but that the *habit* is a true and legitimate consequence and evidence of disease.

The question as to the curability of this diseased condition, becomes one of great importance. This may at once be met by recalling to mind the innumerable instances in which complete recovery has taken place in the knowledge of us all, and in many instances those recoveries have been from the very last stages of the affection, establishing at once as a matter of course its complete curability under appropriate treatment. It is rare, too, that any attempt at effecting a cure is made, except in its advanced stages. From this we might infer that vastly many more cures might be effected, if *early* as well as appropriate treatment were adopted; for we have no reason to doubt that the rule will hold good with regard to this, as well as to other diseases, that in direct proportion as the means of relief are *early* applied, will they be crowned with success. Is it not remarkable, however, that so little has been said and done upon the subject.

of treatment, medicinally at least? Where will we find this subject of treatment fully elaborated by any writer upon this subject? No where to my knowledge. What writer or what lecturer will be found to have dwelt upon its pathology, its symptoms, its diagnosis, its treatment and its sequences? Is it not of sufficient importance to demand more attention than this? We spend many hours and many words in the discussion of questions that in regard to the health and happiness of man, are as trifling as baseless visions in comparison.

There must be something radically wrong in the popular prejudices and popular feelings upon this subject matter; and it certainly belongs to the medical profession to place it in its true light. Let it be properly investigated through committees of your selection and appointment, who will report upon the most effective means of accomplishing that end, of changing public sentiment in relation to the propriety and necessity of its treatment as a disease, of treatment by a combination of medical and moral means.

A candid and accurate examination into the nature of this disease, will disclose the very near relationships which exist between it and insanity, and must of necessity lead to the suggestion of a similar course of management, that is, a happy combination of medical and moral treatment. I do not hesitate to say, in this connection, that a suggestion long since made, and occasionally reiterated, if effectually adopted and carried out, would, in my estimation, more than meet the most sanguine hopes of its supporters—I mean the establishment of a regular Institution for the cure of Inebriates. I know this idea would be considered by many of you as the wildest of chimeras, but let us give it a little sober thought. In the first place, by making a specialty of the subject, its peculiar nature and appropriate treatment would much sooner become fully known. That course also which would be appropriate, would be made much more effective than it possibly could be under any other circumstances whatever. All inebriates at some period or other are desirous of being cured, but under ordinary circumstances, that object we may scarcely expect them to attain when left to their own unaided efforts, with minds and resolutions and even wishes enfeebled by the disease they desire to overcome. But in a proper institution for such purpose, all medical restraint might be easily brought to bear, a salutary discipline enforced, a kind consideration bestowed upon all reasonable wants, everything of an injurious tendency withheld, a proper direction given to the mind by the right association, by reading, by precept and example. Tone and strength might be imparted to the body by healthful recreations and bodily exercises, with the aid of judicious medical treatment, all being under the direction and control of one who, by making the subject a specialty, has acquired a knowledge and skill that, with the means of assistance above named, would enhance the probabilities of restoration beyond all estimation.

But this is by no means the extent of the benefits to be derived from such an institution. It would aid immensely in changing pub-

lic sentiment upon the subject of the right management of the disease elsewhere than in the institution itself, and would lead to efforts in private practice to accomplish that which at this time is never dreamed of. I can readily conceive that were such an institution in existence, and the inmates occasionally returned to the bosoms of their families, restored to that healthful condition in which the God of Nature made them, with the principles becoming known and disseminated by which such magic changes are effected, thousands would soon be demanding the profession at large to apply those principles and exert their skill in their behalf. And it would be done. It would become a matter of common practice to treat it as any other disease that is considered amenable to treatment, and none would be more desirous or anxious, I am fully convinced, than the patients themselves, for such treatment.

There is another effect that I should hope to find resulting from such establishments, and that is, a diminished amount of inebriation. This might be a vain hope, but the different light and aspect which habitual intemperance would be placed in before the world, by such establishments, ought to enable us to realize such hope. If, however, it should fail to diminish the *number of cases*, it would unquestionably ameliorate the condition of society by arresting them in mid-course, and thereby preventing the *worst* evils that now scourge the world, and embitter the lives of so vast a number.

Among other inquiries, the most of which I have passed unnoticed, was one as to whether the medical profession had not grossly neglected its duty upon these subjects, and also whether we were doing right in leaving them so much as had been done to the care of the general philanthropist. If it really be so closely connected with the medical profession as I have endeavored to show, we have most assuredly failed in our duty and shrunk from its performance. I cannot feel otherwise than that we have really done so, and that we ought by some action to make amends for the past. If it be a disease of the human system that comes properly within the scope of our observation, let us meet it manfully, scan it closely, make our inductions, and recommend our treatment and management generally. Public sentiment will be found in our wake, just as soon and as promptly, I have no doubt, in this matter, as in others pertaining to the medical profession.

If I could succeed in arousing the profession to think and to feel in this matter as I feel myself, I should accomplish more than I can reasonably hope or anticipate. An awakened attention to the subject may indeed be more than I shall ever find realized from the few remarks I have made upon this occasion.

It may be asked why I have presented this matter to you with any more feeling or earnestness than usual. I might and will reply, in conclusion, in the language of a gifted young female, who evinced in her writings such deep emotion of soul that a friend accused her of being maniacal upon this subject, when she replied :

Go, kneel as I have knelt,
 Implore, beseech and pray—
 Strive the besotted heart to melt,
 The downward course to stay;
 Be dashed with bitter curse aside,
 Your prayers burlesqued, your tears defied.

Go, weep as I have wept,
 O'er a loved father's fall—
 See every promised blessing swept—
 Youth's sweetness turned to gall—
 Life's fading flowers strewed all the way,
 That brought me up to manhood's day.

Tell me I HATE the bowl—
Hate is a feeble word;
 I loathe—ABHOR—my very soul
With strong disgust is stirred,
 Whene'er I see, or hear, or tell,
 Of the dark BEVERAGE OF HELL!

[D.]

ON IRREGULAR MALARIOUS DISEASES, AND THEIR COUNTERACTIONS BY MEANS OF STRYCHNINE.

BY J. P. KIRTLAND, M. D., *Prof. Phys. Diag. and Theo. and
 Prac. of Med., Cleveland Medical College.*

Malaria has produced the larger share of fevers that have prevailed in Ohio. Those of a continued form originating from other causes have occasionally intercurrent, and have not, in all instances, escaped the modifying influences of that agent.

All varieties and species of acute febrile disorders have varied in the quality of their action, in obedience to the diathesis or epidemic constitution, which, during the last fifty years has developed, in this State, every grade, from the highest sthenic to the lowest asthenic.

Malaria has also induced many obscure and anomalous forms of disease, and frequently imparted new features and tendencies to every disorder that may come within the sphere of its influence.

To these irregular manifestations of its powers, and to certain means adapted to their counteraction, we would respectfully invite your attention.

That it makes its impressions, primarily, on the *cerebro spinal system*, can hardly admit of a doubt. A portion of that system is, as a consequence, impaired, which portion may be the base of an important nerve or nerves, distributed to various organs and structures.—The morbid impression may be transmitted to the extremities of these

nerves, and there develop its evidences, in the form of some functional or organic derangement.

The viscera of the chest, abdomen and pelvis, and the fibrous cellular tissues may, in this way, become the seat of disease, from reflected malarious impressions. Such cases are common. Many affections of the heart, stomach, intestines and liver, and in females, uterine disorders, are of this character.

They have been imperfectly recognized, and described by authors as "Irregular and masked intermittents," "Complications," &c. This exciting cause may restrict its action solely to the nervous system, and has been known to originate or complicate with every species embraced in Cullen's class "*NEUROSES*," from *Apoplexy* down to *Hysteria*.

In other instances it may take a wider range, and show its effects under the forms of irritation, inflammation, and I might with propriety add, every disorder to which the human family is subject.

In all cases of malignant erysipelas, that have come within my experience, it has participated largely, either as an exciting or modifying cause.

To the western physician, under whose observation it is daily producing such effects, their diagnosis is often a source of perplexity; while to our eastern medical brethren, who know nothing of such diseases, except from books and lectures, it is a perfect stumbling block.

Nothing short of an intimate acquaintance, gained by experience and correct observation, can enable the practitioner to detect and comprehend the insidious and ever varying forms of malarious action.

They generally show some tendency to periodical attacks, but it may be so obscure and irregular as to escape the attention of a superficial observer. The circumstance of a patient having been exposed to this agent may occasionally aid in detecting the character.

If the *diagnosis* be correctly formed, the *prognosis* will, in most instances, be favorable.

On the other hand, if their intimate nature be overlooked, and attention directed merely to their more apparent symptoms, improper means will probably be prescribed that may induce more disorder than they will correct.

Even in cases that present a fair prospect of an ultimate cure, it may not be possible to suddenly remove the malarious impressions from the nervous centres, especially if strengthened by time and habit. They are apt to remain for a long time, developing their effects without regard to weather, season and ordinary medication.

A frequent consequence is the expenditure of vitality and reduction of the system to a condition in which tuberculous matter will be deposited in the liver and lungs.

Prior to 1827 the only form of Pthisis known on the Connecticut Western Reserve, was of this secondary character.

The Indications of cure, which naturally present themselves, are :

1. To *counteract* malarious action.
2. To *correct* any morbid change that may have occurred. Our remarks will be confined to the first indication.

Experience has demonstrated that under our present diathesis, in northern Ohio, *reducing agents used as such* are not appropriate means for curing these forms of malarious disease.

The lancet, emetics and cathartics, may occasionally be required *to change* the action but not *to reduce* the system—a distinction, both correct and important, not always observed, either in practice or medical writings.

Specifics have not yet been found—bark and its preparations, even the valuable alkaloid, quinia, have all sometimes failed to effect a complete and permanent cure.

Capsicum, opium, preparations of iron, stramonium, wine, ale, brandy, hydriodate of potash, &c., have been frequently tried, singly and in different combinations, with only partial success.

Fowler's Solution and Tinct. of Opium, combined, have formed a favorite remedy with me until recently. With all these means of counteraction at command, the result of the treatment has not as a whole been satisfactory.

On attempting to effect a cure it would be philosophical to select agents that would determine their action to the original seat of disease. The woodman would not commence lopping off the extremities of the limbs for the purpose of falling the tree, but would direct his blows to the main trunk.

If the view we have taken of the original seat of malarious impression be correct, it follows that the pathological condition we are required to treat, is an *impairment of the nervous centres, the evidences of which are exhibited in certain trains of symptoms of the nervous extremities.*

Our object would, of course, be to remove the morbid impression from whence those trains arise, and not direct our attention to the extremities where more symptoms are developed. The mode of accomplishing it is to excite in the nervous centres a new and artificial action, more compatible with a healthy condition than is the disease, and to carry it so far as to counteract and overcome the original morbid action.

Medication may then be withdrawn and health will resume her province.

On theoretical grounds we should look upon strychnine as well adapted to this purpose, as its powers are exerted principally on the cerebro spinal system when it excites an action of its own kind.

Experience has tested and established the correctness of this view. Some 10 years since we prescribed it in many cases in the Commercial Hospital, at Cincinnati, with favorable results, except, from inattention on the part of those having immediate charge of the sick, the remedy was allowed to be given in too heavy doses, and it produced unpleasant factitious symptoms in a few cases.

We are, however, indebted to my colleague, Prof. Ackley, for its recent introduction into practice in northern Ohio, on more definite principles. It is now extensively employed by several intelligent physicians, and volumes of evidence in its favor might, if necessary, be laid before you.

Some cautions are required to regulate its use. If it be urged with too much rapidity, or continued beyond the point at which it begins to manifest evidence of its having established its control over the nervous system, factitious symptoms will arise that may either retard or defeat the cure.

Increase of sensibility and tenderness along the spine, particularly along the scapulæ, should warn us to withhold the remedy for a time. Carried beyond this point it will induce swelling, stiffness and rheumatic condition of the joints, severe neuralgic pains, spasms of the diaphragm, ringing in the ears, and general nervous irritability. It is necessary to allow its effects to entirely subside during the interval of its discontinuance. After one, two or three weeks, the course may be repeated, and again, from time to time, as occasion may require. A failure to effect a cure by the first trial, should not discourage its repetition.

In many cases it may be relied on solely; in others it may be necessary to precede or accompany it with certain adjuvants, as mercurials and quinine. A combination with the latter will often prove more effective than either of the articles employed separately. To what extent it may be substituted for quinine, in the treatment of regular intermittents, remains to be decided by further experience.—That it will answer the purpose in some cases, and fail in others, I have ample evidence.

A malarious action counteracted by it, is less liable to recur than when that purpose is accomplished by quinine.

It is an important query, whether it may not be employed at a certain juncture in the forming stage of remittent fevers, and, perhaps, during the first part of the active stage, to counteract the malarious impression and arrest its further progress. The subsequent symptoms that usually arise, are mostly the results of the impairment of the cerebro-spinal system, by such impression.

Many cases of our remittent fevers, as well as the malignant remittents of the south, have of late years been arrested at those stages, by means of a prompt use of quinine.

Much will depend on the form and mode in which strychnine is employed. In substance its effects are not always uniform and certain. The amorphous powders are impure, but the crystals are incapable of adulteration. The solution is the preferable form for its use.

Through the kindness of Mr. Hall, of the firm of Fiske & Hall, an intelligent and experienced Druggist of Cleveland, I am enabled to lay before you the formula for "HALL'S SOLUTION OF STRYCHNINE."

R Strychnine crystals, xvi. grs.
 Water.
 Alcohol, aa oz. viiss.
 Acetic Acid,
 Tinct. Cardamom comp. aa oz. ss.
 M. F. Sol.

Dose 20 to 30 drops, three times each day. 1 drachm of the solu-

tion contains $\frac{1}{2}$ of a grain of strychnia. Adults will bear that amount for a dose, yet in ordinary cases it is better to make our approaches slowly, 1-32 to 1-16th part of a grain may be sufficient. Certain Empirics are using it in doses of $\frac{1}{2}$ of a grain, and calling their practice "Homœopathic."

For the purpose of illustrating its powers and efficacy, permit me to state that I have been familiar with a case that originated from repeated exposures to malaria. It commenced with muco-enteritis, that at length terminated in dyspepsia, irregular and vitiated secretions from the liver, constipation, neuralgic pains in the bowels and limbs, and at 11 o'clock each day, a paroxysm of *Tic Dolorieux* of the left supra orbita nerve, that was followed with an ichorous discharge into the nostrils from the sinuses of the affected side.—Medication and circumstances would occasionally interrupt the violence of the disease, but it was never, during fourteen years, entirely absent.

Two years since the derangement of the liver and constipation became unmanageable, and resulted in a series of attacks of choleric and peritoneal inflammation, and at last in a fully developed intermittent fever.

This latter phase was arrested by means of quinine, but the other prominent disorders continued. Last February the patient, in a reduced and suffering condition, was put upon the use of strychnine, *without any other medication whatever.*

At the end of four days evidences were apparent that the nervous centres were aroused, and their action transmitted to the nervous extremities. The liver began to pour out freely secretions of a healthy character, the appetite improved, the peristaltic motion became active, and lavements and cathartics were dispensed with, though for two years previous they had been in steady requirement.

The nervous pains and *Tic Dolorieux* subsided, and at this time, perfect health is restored. Three different trials with the strychnine were requisite to effect this important result.

During the exhibition of the first, the patient attempted to carry into practice the common maxim that "*We cannot have too much of a good thing,*" and in the end demonstrated to his own satisfaction, *that we could have enough.*

Finding that his case daily improved under the use of 25 drop doses of the solution, he augmented them to 60 drops.

At length his limbs were attacked with severe neuralgic pains; the joints swelled; the spinal column became sensitive and painful upon the least motion; palpitation of the heart, ringing in the ears, and general nervous irritability, and occasional spasms of the muscles of the back, ensued before he relinquished his experiment. These symptoms gradually subsided, after the cause was withdrawn.

Time will not allow me to narrate an account of its favorable effects in one of the most obstinate forms of disease that we frequently meet at the west—constipation in sedentary and nervous individuals.

The true pathology is overlooked, and the organs of digestion gen-

erally charged with being in fault. Remedies are usually prescribed that in the end only aggravate the evil.

The origin of the disease is in the nervous centres, from whence its effects are reflected to the *excito-motory* nerves, which govern the outlets of the system.

In this section of the country, all such cases are either produced or modified by Malaria.

The remedy is Strychnine.

[E.]

MORBID CONSEQUENCES OF LACTATION.

BY DR. MARIS, COLUMBUS, OHIO.

Lactation, when naturally and well conducted, cannot be considered a disease, (Locock) and under favorable circumstances, is a truly gratifying source of pleasure and healthful employment to the mother, constituting an important link in the chain of ties which bind her to her offspring; nevertheless, in a system reduced or modified by peculiarities of constitution, or debilitating causes of any kind, as for instance, a strumous habit, leucorrhœal or menorrhagic discharges, chlorosis, menstrual irregularities, hysteria, etc., etc., it is very frequently a prolific source of disease, easily overlooked by the patient herself and her friends, and as frequently overlooked or neglected by her medical attendant.

It is much to be lamented, that a subject involving as much interest and importance, as that under consideration, and claiming as it does so much of the attention of the medical profession, should, until recently, have been so much neglected; indeed so little has been said or written about it, either with reference to mother or child, and by those too who profess to have paid "*special* attention to the diseases of women and children," that we cannot be at all surprised to find, comparatively, so very few conversant with the simple fact, that there is such a disorder as "morbid lactation."

No wonder then, that the patient is often sent to the "mad house" to cure an insanity, or that, after having been dosed and drugged to no purpose, she is pronounced "Hysterical," and is told "*to have patience*," that "time will prove a healing balm for all her woes." No wonder, that the mother after having spent weeks and months of wretchedness, both physically and mentally, at length recovers her health by the accidental weaning of her infant! or, becoming again "*enciente*," is less fortunate, and after having been subjected to a renewal of her troubles and distresses, finally falls a prey to some organic disease of the brain, heart, lungs, uterus, or other viscus, having its early origin solely in improper and undue lactation.

Regarding our subject then, as one of an interesting and practical

character, we have been induced to present a paper of the kind before this Convention, more for the purpose of eliciting some discussion, and hearing such controversial views, from gentlemen present, whose observations and experience cannot fail to interest and instruct, than in the hope or expectation of affording any thing new or additional ourselves.

When such diseases are more and better understood we shall know *more* about their pathology, and hence *more* about their correct treatment.

When it is remembered what important changes take place in the animal economy, as soon as lactation is commenced, the new current given to the circulation, the demand made upon the organs and tissues, to sustain the constant and increasing drain thus maintained for weeks, months, and sometimes years, and the feeble and imperfect manner in which the organic functions must of necessity be performed under such circumstances, to sustain life, it is by no means difficult to conclude, how or why it is, that the parturient female so often becomes the unfortunate subject of simple and complicated disorders, proving, in many instances, intractable and irremediable.

The diseases consequent upon "Lactation" may be classed under two general heads—Functional and Organic—each of which, resulting from the same original cause, require one and the same remedy in the commencement of the treatment, without which all other means, however skillfully or appropriately used, will prove of no avail, viz: the partial or entire weaning of the child.

Functional.—As all functional diseases, when overlooked or improperly managed, may become at length organic, it is highly important that in a class of disorders, like those under consideration, involving the same issues, a proper distinction be made, for on such arrangement greatly depends the probability of successful treatment. "To treat any disease with success," says an eminent writer, "is to understand its true pathology," and as the pathology of a disease purely functional and one purely organic, may be but stages of the same morbid action, yet do they require a difference of therapeutic treatment varying with the progressive development of such morbid alteration. Hence, for the sake of perspicuity, as well as practical advantage, we note the following symptoms as evidence of functional disease consequent upon "Lactation." The most prominent of these which present themselves to our notice, is nervous debility or exhaustion, sometimes with, sometimes without any very manifest re-action, accompanied with more or less anæmia, indicated by pallor of countenance, loss of appetite and general languor of body. Whenever the infant is applied to the breast, a dragging pain is complained of extending to the back, shoulder blades and false ribs, followed for some hours afterwards by a disagreeable and sinking sensation at the "pit of the stomach." Along with these symptoms there is a marked tendency to hysteria and melancholia, sometimes terminating in insanity? Emaciation of body, attended sometimes with costiveness, and again with diarrhœa, with more or less pain in the bowels, is

frequently observed to follow in the train of "morbid consequences." As complications with this malady, may be mentioned menorrhagia, profuse menstruation, and leucorrhœa. Also *functional amaurosis* and aphthous stomatitis or "nurse sore mouth," all of which being secondary results of a primary disorder, and for the most part of a functional character, we have thought proper to introduce under this head. To the young practitioner, this distinction is of importance, as any of the functional derangements above enumerated may stand out in prominence from the rest and become the object of special care and attention, and under such circumstances, the true cause having been overlooked, I have known the whole *materia medica* to be run over, time and again, in a *vain search* after some remedy to recover the patient from her suffering and debilitated condition. We are next to consider those forms of disease which come under the 2d class, and which are denominated organic*

The uterus, lungs, brain and heart, may alike become the seat of organic disease, resulting primarily from undue lactation, in a constitution otherwise predisposed through idiosyncrasy or other causes to take on diseased action.

The Uterus.—In an organ so intimately associated with the function of lactation as the uterus is known to be, it is by no means surprising that when the former becomes a disease, the latter should be the first in the series to betray sympathetic disturbance; and when it is remembered, how very much depends upon the general health of the system, for the preservation of its tone and vigor, we cannot wonder, under protracted ill health induced by lactation, that its own internal structure should at length become involved in the issue, giving rise to lesions of the most serious and fatal kind.

Such diseases are always slow and insidious in their approach, and in most instances, afford no clue to their true character, until some subsequent confinement, when the case develops itself in all its violence and proceeds to a rapid and fatal termination.

Brain.—Insanity, epilepsy and jactitation, are the three principal, and, I believe, only varieties of disease noticed by writers, as resulting from lesions of the brain, consequent upon "lactation."

Mental derangement, dependent upon lactation, according to Doct. Locock, is rarely of a serious kind, unless where generous diet and wine are administered injudiciously for the cure; it more commonly shewing itself in whim and caprice, weak and absurd ideas. Those who regard this malady less seriously, altogether deny its dependence upon lactation, and say that it would have occurred without its intervention. But we ask, how is it that though such cases recover after one lactation, it returns again after a subsequent confinement, after lactation shall have been renewed?

*In using the term organic, we have given it more latitude than its ordinary signification includes; in other words, instead of limiting its meaning to structural disease, as resulting from inflammation, we have embraced under its head all forms of organic derangement not essentially inflammatory.

Such cases generally manifest themselves by a peculiarity of sentiment or irritability of temper, evinced by a determined opposition to the weaning of the child, or any remedial management whatever having for its object the entire cure. At this stage of the malady, if weaning and careful treatment be adopted, such symptoms early and easily subside, unless where hereditary predisposition exists, when the disease is of longer duration, requiring seclusion and confinement for its cure.

Such cases should not be confounded with puerperal insanity, for although a marked resemblance exists between the two diseases, there are circumstances which distinguish them from each other, the one (puerperal) being more violent and furious than the other, and the difference of period when the two set in—the one during the puerperal state, the other not until some time after lactation has commenced and has had time to produce such changes in the circulation and nervous system as are adequate to develop the mischief. The treatment, however, is not very dissimilar, it being only requisite to pursue a more active and vigorous plan of treatment in the severer form of disease. It may be proper here to notice a form of organic disease of the brain consequent upon “lactation,” known as *softening*, or otherwise called “cerebral ramollissement,” and indicated principally by a severe and continuous *headache*, preceded by rigors and periodical in its returns, accompanied with more or less disturbance of vision and hearing, with painful deglutition. The habit of body is for the most part weak and delicate, and temper irritable, associated with more or less mental peculiarity, indicating deranged nervous action. A case of this kind I witnessed in consultation some months since in this city:—The lady was the mother of three children, herself very delicate, her children plump and thrifty. Her last babe was about nine months old, (the period usually when such disorders set in,) when her health began to suffer. From this time her sufferings, especially her painful deglutition and headache, became painfully acute and so continued until she died. Although no “autopsy” was had, we feel warranted from the symptoms and history of the case in concluding it to have been one of the kind under consideration.

Lungs.—Phthisis hitherto latent, frequently develops itself under the influence of lactation. A short habitual cough, with doubtful sputa, fixed pain in either side, progressive emaciation, and night sweats, should always be looked upon with fearful apprehension, and such treatment with partial or entire weaning adopted as will prove most efficient in arresting the farther march of this dreaded malady. In the month of February last, I was requested to visit a very indigent married female of this city, nursing her second child; she was very much reduced in flesh, had a very troublesome cough and sputa, pain in the side, night sweats, and severe diarrhœa; she was to all appearance far gone with Phthisis. She was still suckling her child, then nine months old. The child was weaned and herself put upon a palliative and tonic course, soon after which, she showed signs of amendment, and in six weeks thereafter, all pulmonary and other

functional disease had passed away, and her health gave indications of speedy and entire restoration.

Heart.—I have never witnessed disease of this organ which could be clearly traced, as the result of lactation; neither have I any recollection of such cases being reported; yet, considering the important position of this organ as the centre of circulation, the part which it must play in the sudden revolutions and changes which must, of necessity, take place during and after parturition, and the heavy demand made upon it to support the whole sanguiferous system during lactation, we can readily conceive how and why, it may become the seat of organic disease, under such circumstances, especially in constitutions of naturally feeble energy or hereditary weakness; indeed, the fact of other organs of the body of less relative importance being subject to similar diseases confirms us in the belief, that lactation in the female is more frequently responsible for disease of this organ, both functional and organic, than any other morbid influence.

Ulceration.—Ulcers of the limbs, have been reported as consequent upon lactation, a case of which kind occurred at Guy's Hospital. The patient was an unhealthy female, the mother of nine children, had suffered from extreme poverty before admission, frequently wanting the necessaries of life. She had never suckled less than two years, and her last child two years and eight months. An extensive, sloughing ulcer broke out upon the leg, attended with hectic fever and extreme debility. By an energetic course of stimulant and tonic treatment, and weaning of the child, this woman recovered. Although in a healthy and vigorous woman such unusual consequences are not likely to happen, this case seems as an admirable illustration of what may and can happen under certain constitutional tendencies.

Treatment.—The indications of treatment may be considered both curative and preventive. Curative as applied to the active stage of the malady, preventive by enjoining the necessity of partially or entirely withdrawing the infant from the breast in subsequent confinement, as the exigencies of the case may seem to require.

When the disease is known to be merely functional, the symptoms yet slight, and the constitutional vigor of the mother tolerably good, the plan of treatment is plain—diminished suckling, regulation of the bowels, appropriate diet and a tonic course, the child itself being fed two or three times in twenty-four hours, being all that is necessary. When, however, any of the symptoms become aggravated, with increased debility, entire weaning should forthwith be enjoined, and such remedial measures adopted and pursued as the peculiar features of the case may seem to demand, always keeping in view the reduced vitality of the system.

When the symptoms assume the more formidable expression of organic disease, then will it be fortunate for the patient if they be "descried" sufficiently early to justify the encouraging expectation that they may be arrested and health restored. Such cases are invariably rendered worse by either gestation or lactation.

In organic disease, resulting from whatsoever cause, the propriety

of local treatment is considered of manifest importance, along then with such general measures as above referred to, counter irritation in any of the usual forms over the region of the organ affected, together with traveling and exercise, constitute auxiliary means of relief and cure, which should in no instance be neglected.

Such cases are for the most part slow of recovering, and require a great deal of patience and perseverance, both on the part of patient and physician—under no circumstances, omitting *the weaning of the child*.

Pathology.—That an impaired and attenuated condition of the blood, affecting directly the whole animal economy, but more especially the organic functions, depressing the nervous system and otherwise disturbing and deranging those functions, constitutes the true source of the whole class of functional and organic diseases consequent upon lactation, will not, I think, be questioned, for on such ground alone can we account for the speedy change from disease to health, from almost death to life, which are known frequently to take place, as soon as weaning is made the touchstone of treatment.

Here, we may be allowed to make a remark with reference to the common period of weaning. So confirmed are we of the injurious consequences of lactation, especially when unduly prolonged, that we hesitate not to affirm that the common practice among mothers of nursing their children beyond a reasonable time, say 10 or 12 months, or until they show some 5 or 6 teeth, under a mistaken and ill-grounded notion that suckling preserves them from conception, is altogether an ill-founded and reprehensible custom, and in too many instances entails disease and premature death, when it is least suspected *as a cause*.

Such old and established customs are not the wiser for their age, and need the hand of *reform* much more than some other usages of a less practical, though equally important character. Let the profession look to it! And with their face set against it, we doubt not a new era will dawn upon human female life, which will bring with it a sensible diminution of physical suffering and weakness.

As to the pathology of organic disease as a result of "morbid lactation," specially considered, we shall be brief.

"We are so much accustomed," says an eminent writer, (Dr. Ashwell) "to look for such changes following a state of Hyperæmia with inflammation, that unless we meet with a corresponding train of symptoms, we can hardly reconcile such changes with a state of the system, in which exhaustion seems the prominent feature; and yet examination after death reveals under such circumstances and in such cases, extensive softening of the brain, uterus and other organs, without malignancy."

In support of this opinion, says Andral:—"Where shall we find the symptoms of Encopelitis, Carditis, Hepatitis, Nephritis, Metritis, &c., in various cases of softening of the Brain, of the Heart, Liver, Kidneys, Uterus, &c., every one of which may pass into such a state of softening, that its tissue may be torn or broken down into a pulaceous mass, without having given rise to a single suspicion of the existence of *inflammation*?"

Such truths then, so ably and well attested, corroborate, if not confirm, the opinion that the most vital structures of the body may undergo morbid transformations of the most serious kind, under opposite pathological states of the system, thus verifying the ground, that such changes may and do occur as a result of "*morbid lactation*."

[F.]

RESECTION OF THE LEFT SUPERIOR MAXILLARY BONE.

BY R. THOMPSON, M. D.

[*Illustrated by wood cuts on the last page.*]

The subject of this operation, Joseph Day, a young man, aged 20 years, about five years ago had an attack of pain in the second molar tooth of the left superior maxillary bone, which he believed to be nothing more than ordinary tooth-ache. The tooth, soon becoming loose, was removed; after which, within a very few days, he discovered, protruding from the place previously occupied by the tooth, a small projection or tumor, which, though it grew but slowly, was deemed of sufficient importance to demand attention. His parents accordingly consulted, from time to time during the progress of the case, several physicians, without obtaining any important relief, or definite opinion as to its nature. During the first three years of its history, the growth of the tumor was gradual—its direction of development being forward and lateral, occasioning the loosening and removal in succession of all the teeth in the line of its progress, and extending itself to the right so as to occupy a considerable portion of the cavity of the mouth, while its outer enlargement somewhat distended the left cheek.

Such, so far as I have been able to ascertain, was the state of the case when the young man visited Columbus for surgical aid, in the summer of 1847. Not having received much encouragement as to the object of his visit, he entered a boarding-house as a servant, in which capacity he continued until the meeting of the Med. Con., May, 1848, when he presented himself before said body, with a hope that he might yet find relief.

The tumor having grown very rapidly during the preceding three months, it then (when I first saw the patient,) filled to its entire capacity the cavity of the mouth, separating the jaws to the distance of an inch, protruding between the teeth, greatly distending the left cheek, involving in its substance the greater part of the left maxillary molar and palatine bones, filling and greatly distending the maxillary sinus, and displacing to the right the nasal septum, and presenting in its general aspect a case so formidable as to assure every intelligent observer that death would soon close his career, unless deprived of his victim by surgery.

To the eye, that portion projecting between the lips presented the appearance of fungus hæmatodes, while the touch discovered in it a greater degree of resisting solidity than is ordinarily found in developments occasioned by that terrible disease. Nor did the tumor manifest the disposition to hemorrhage so common in malignant fungus—having never proved troublesome or dangerous in this regard with the exception of a profuse bleeding which resulted from an exploring puncture made by a lancet several months before I saw him.

His bodily health, which till within a few months had been tolerably good, was now failing, partly from the irritation of the disease, but mainly from the want of sufficient nourishment, as he was deprived of the power to masticate a morsel of solid food, and even of the ordinary enjoyment of the liquid aliment, upon which he was obliged to subsist.

From the foregoing considerations, together with the fact that during its progress the patient had experienced but little pain, I came to the conclusion that the disease presented more of the characteristics of osteo sarcoma than of any other morbid growth which had ever fallen under my observation.

Under such circumstances, though sustained in opinion as to the result of an operation by but few, I determined to afford him the only chance now remaining for his life. The patient was anxious to live, and willing to hazard an operation, though the chances of ultimate recovery, as he was informed, stood in fearful odds against him. I agreed to operate, and with the result as here presented I have reason to be satisfied—a living, healthy, and but slightly marred young man.

Operation. On the first day of July, 1848, all necessary preparations having been made, I proceeded to the operation in the presence of several professional gentlemen and other citizens.

The patient was placed upon a barber's chair, with his head thrown obliquely back upon his right shoulder, and supported by an assistant. With the scalpel in the left hand, (standing behind the patient,) I made a straight, deep incision, from the angle of the mouth to a point, midway between the external angle of the eye and the ear.

Two arteries, (a branch of the internal maxillary and the facial being divided,) were secured by ligature, after which the anterior flap was hastily dissected up to the middle of the nose, and cutting up the cartilages of the left wing of the nose, after which the posterior soft parts external to the tumor were dissected backwards and around the maxillary bone to its pterygoidal attachment to the sphenoidal bone.

The tumor externally being perfectly exposed, it was deemed proper to make the superior section of the bone in a transverse line below the infra orbitar foramen, by which the most prominent points of the os mallæ, with its zygomatic and internal processes, the floor of the orbit, and the greater part of the nasal process of the maxillary bone would be preserved—parts which more than any other make up the outline, and give definite configuration to the face. The division as thus indicated, (and represented in fig. 3.) was effected by means of saws.

The next step in the process was the section of the bones in the

perpendicular line of the face, which was effected by introducing a strong, narrow-bladed saw into the nasal termination of the transverse section, with its point directed towards the throat, by which I was enabled at once to divide the maxillary and palatine bones with the soft parts of the tumor which lay within the range of the instrument. Next in order I separated the maxillary bone from its pterygoidal attachment to the os sphenoides. This was readily effected by the introduction of a narrow, strong, curved spatula between the bony processes, by means of which a wrenching movement was made with the right hand, while with the left the mass was depressed and effectually detached from its long connection. I then divided with a curved knife all visible attaching soft parts, that I might be enabled to bring into view and separate the vellum palati, which was readily done by exerting a forward and downward gentle traction upon the tumor with the left hand, while with the knife in the right, this part of the operation was completed.

That part of the tumor which occupied the right side of the mouth, was attached to its roof by fibrous union, and was readily detached by means of a flat hook, which was introduced behind the remaining mass.

The operation being thus far completed, the wound was examined, and to certain points of questionable appearance actual cautery was freely applied—the cavity inlaid with slips of patent lint, wetted in a decoction of white oak bark saturated with alum—the incision closed by the twisted suture and adhesive strips, made by the solution of gutta percha in chloroform, and the patient laid in bed, having been upon the operating chair 28 minutes. Took nourishment and stimulants during the day—slept well during the night. 2d day. The wound in the cheek having united by the first intention, I removed the needles 25 hours after the operation. Patient took food and stimulants—slept well during the night. 3d day. Removed the lint from the cavity. Not the slightest discoloration of the lint by blood. 4th day. Rode out—had good appetite—stimulants and nourishing diet continued. 5th day. Walked out; after which he was able to enjoy the comforts and advantages of exercise. During the healing process, the cavity was duly washed with a weak solution of nitric acid in rain water, alternated with the solution of alum in a decoction of oak bark, and during the interval of time (11 months) which has elapsed between the operation and the present date, I enjoined upon him the use of tonics, the principal of which was the precipitated carbonate of iron. Joseph Day is now as healthy a young man as resides in the city of Columbus, without the slightest appearance of a return of the disease.

For the purpose of restoring his voice, which for several months had been very imperfect, and enabling the patient to take food and drinks with a greater degree of comfort, I, on the tenth day after the operation, fashioned of gutta percha, and introduced into the mouth, a temporary jaw and roof, which answered every anticipated end, until the parts were deemed sufficiently contracted and firm to admit of the adaptation to the parts of a metallic palate and porcelain teeth,

which were devised and constructed in a most masterly manner by one of our excellent dentists, Wm. E. Ide, M. D., of this city, whose skill and execution have restored to the individual the power of mastication on the left side of his mouth, and improved his voice so as to leave a stranger unadvised of his previous misfortune, while it assures us of the importance, in view of both the utility and beauty, of the highly improved profession of dental surgery.

Remarks. Before entering upon the operation, I informed my patient of my intention as to the use of chloroform — stated that my purpose was *not* to induce a perfect suspension of consciousness, but to have him in such a state as would enable him to free his throat from the blood which would unavoidably flow into it; while his sensibility would be so suspended as to enable him to endure the operation with comparatively little suffering; and so attentive was he to the suggestion, that he did frequently spirt the blood violently from his mouth, and occasionally as his sensibility returned, called for “more chloroform,” so sensible was he of its anæsthetic efficacy.

Two arteries only required the ligature, as before stated; yet capillary hemorrhage was so profuse as to somewhat embarrass the operation, and considerably prostrate the patient, whose strength was greatly sustained by the free use of brandy and water.

The lower jaw by long depression had acquired such a downward curve and twist as to render it impossible to bring the teeth upon the right side of the mouth into contact for several weeks after the operation.

The advantages derived from the line of incision of the cheek decided upon are too obvious to require detailed remark. Suffice it to state that the almost natural appearance, with the perfection of motion and sensibility of the face which the patient enjoys, constitute unanswerable arguments in support of the plan of the whole operation.

[G.]

CHLOROFORM, GUTTA PERCHA AND COLLODION.

BY ROBERT THOMPSON, M. D.

That Chloroform, Ether, and every agent capable of suspending the sensibility of the nervous system and inducing a state of unconsciousness of the brain, should be opposed by the multitude, was to be expected, however transitory, safe or beneficial such suspension might prove.

But when we consider the progress of anæsthetic medicine as compared with the introduction of many other as important articles into the *Materia Medica*, the wonder is that beyond all precedent in the history of new discoveries, its introduction to general favor has been the most rapid and complete.

That objectors to the use of Ether and Chloroform, of very distinguished character in the profession, *are yet to be found*, is true; but that there are many such who have based their objections upon an intelligent use of those articles, is deemed extremely problematical. Yet reasoners, eloquent reasoners, against anæsthesia, denounce not the use, but the users of those palliatives and preventives of human suffering—and why? Because, forsooth, in surgical practice “a certain amount of suffering and pain are necessary to promote the healing process”—and in obstetrical practice, to set aside the penalty of mother Eve’s transgression, would be to subvert and condemn the decree of Heaven, which declares that in sorrow shall children be brought forth. To enter into an elaborate argument to refute positions assumed without due reflection, would be a sheer waste of time; and for which reason I trust I shall be excused for adopting the Yankee mode of argumentation—that of interrogatory, on the present occasion.

If then, suffering, or pain, be necessary to the safety or recovery of a patient whom disease has doomed to death, decrepitude, or surgical remedy, it is surely pertinent to enquire, *how much* suffering is necessary in any given case—say in a case requiring the amputation of a limb? Would not each consider the suffering endured by *his patient* during the operative process, as being the *quantum sufficit*—the amount necessary to his welfare—and this too without reference to the time, which his skill, or the want of it, obliged him to occupy in the operation? In other words, which is the proper amount of suffering to be endured in said operation—that inflicted by the knife of an expert operator, who will with all ease amputate a limb in 30 seconds, or that endured under the knife of him who would sit at his ease on said operation, some 10, 15 or 20 minutes?

Most surgical cases requiring operations are painful in their nature—pain, the greatest evil which can afflict humanity, and the tendency of which is the death of the sufferer! Must this be endured during the progress of tedious disease, and then be necessarily aggravated without reason or rule as absolutely necessary to the cure of the sufferer? Is it necessary to the recovery of a patient, after a surgical operation, that the nervous system receive a shock by the operation? If so, all that is wanting, as a safe rule of practice, is to determine the amount, as to time and impression, which is to be allotted to each particular case—the quality of the instruments, whether keen-edged or dull—with the character of the operator, whether slow or expert. Is there living a man who would contend for such absurdities as these?

To the obstetrical objector to the use of anæsthetic agents in his peculiar practice, I would put the following interrogatories: Are there not many cases to be found in obstetrical practice where the inexperienced practitioner would protract the sufferings of his patient for many hours or days, and even endanger her life, while the skillful accoucheur would have rendered her happy, by a safe delivery, in as many minutes or hours? In such cases what would be the amount of suffering proper to be inflicted upon this unfortun

daughter of Eve, for her inconsiderate progenitor's transgression? Must she suffer one, two, four, six, twelve or twenty-four hours in her extremity—or must she die?

To assist nature by the use of appropriate means, to do that which, by her unaided powers, she is unable to effect, is most assuredly the noble mission of the man of remedial means—the Doctor. His first duty is to feel assured that he is in possession of the best means known to the science and the art of which his profession is made. His duty as a practitioner, is to use his knowledge and his means to the relief of his patients—consulting first their safety, and secondly, their speedy recovery.

Does the Almighty bestow knowledge upon the unenquiring?—but slowly if at all. How long should a man tarry behind the improvements of the age, to be deemed a safe practitioner? All claim that medical science is progressive—this is true—it is rapidly progressive—yet there are those who, with the word progress upon their lips, utter denunciations against the progressives.

And again, if suffering be necessary to the recovery of the sick and the *pained*, in *surgical* and *obstetrical* practice, where will such objectors find authority for intermeddling to the removal of suffering in any class of cases, or in any case whatever?

That an agency which is capable of preventing pain in surgical operations, should be as capable of allaying pain already induced by injury or disease, is a simple suggestion of common sense; and is verified by the use of Chloroform, in a most satisfactory manner, in the treatment of many diseases accompanied with, or manifested by, painful irritations. Were this class of agents confined to surgery and obstetric medicine alone, the boon conferred by a bountiful Creator upon his creatures would have been unspeakably great; but when assured that such benefits only constitute but a fractional part of that evidently designed by the giver, as its applicability to a much wider range of sufferings will prove, let us thankfully receive, and wisely use to the benefit of our kind, so good a gift from so bountiful a giver.

To know that a certain medicine is a purgative, when administered in a particular disease, assures us of its character, and indicates its efficacy to a probable extent, when used in other diseases. Opium, with certain exceptions depending upon idiosyncrasy, produces its peculiar effects with a great degree of certainty. Alcohol will, in most persons, produce a certain train of phenomena called inebriation, in which state, as in that induced by Opium, the patient will continue a longer or shorter time, owing to particular controlling circumstances, and may even, in certain cases, be benefited by their use; and hence they are deemed medicinal, and used as such by the faculty—they even excite some persons pleasurably, and hence their abuse, by a perversion of their use to improper purposes. Yet who that is wise in our profession would suffer his patient to languish and die for the want of the medicine, because some one had destroyed himself by the misapplied use, or abuse, of the article?

The same is true of the anesthetics, but in a much less dangerous

degree. Opium, though of very great value in the treatment of disease, seldom leaves the patient entirely free from some of its unpleasant effects for several hours after he is aroused from the repose which it induces. Alcohol induces effects which are both unpleasant and slow in their subsidence, when improperly used.

The effects of Chloroform and Ether are more speedily induced and more readily dissipated, than those of the family of narcotics — and when withdrawn, leave the patient, with very few exceptions, in an improved state of feeling — contradicting the opinion of the inexperienced in their use, that an agent capable of making such a decided impression upon the brain must prove highly injurious to its functions, if not to its organism — than which, from much experience in their use, I know nothing can be more unfounded.

“Fatal effects have followed its administration.” True, in very few instances, this has been the case — but in how many cases, where it has been used properly and with due caution? Few, very few, indeed. Should this prevent the proper use of Chloroform or Ether from blessing mankind with their unspeakable benefits? If such an objection is solid against these articles, what articles of the *Materia Medica* will you dare to handle? What article has not produced ill effects — nay death in particular instances? But do you, from such instances, deduce your general rules of practice? You do not, or else you would abandon the profession, and leave the thousands you save, by the same articles, to die for want of medication?

To what end are physicians educated?

But when we reflect that many, in view of the anæsthetic efficacy of Chloroform and Ether, in the practice of surgery, submit to operations for the removal of diseases which, if let alone, would destroy life, but which, by willingly submitting, save life; should we not, from such considerations, deduce an argument in favor of the use of those articles? And again, when it is known that patients may and do submit, safely, to surgical operation under the use of Chloroform and Ether, who *could not sustain the shock of an operation* without their use, should we not, from such cases also, deduce the strongest argument in their favor?

That I may not be misunderstood in the preceeding remarks in reference to the use of anæsthetics in obstetric practice, it may be proper to state that I am not an advocate for their use in pure physiological labor. But that they do exert a beneficial, nay, a most salutary influence in pathological child-bearing, is to my mind, as clear as any other fact pertaining to the practice of medicine.

But why dwell upon but two branches of our professional practice, while considering the benefits which follow the use of Chloroform and Ether? Are not other sufferers as much the objects of our care and solicitude as the surgical or the obstetric patient? Surely they are, and to such have I, in common with the others, directed my inquiries and devoted my attention; and to the end that such valuable means should find a place in every helping hand, I will state that I have administered the Chloroform to patients of almost every age, sex and condition, whose sufferings demanded the most speedy relief.

I have operated upon patients, aged and infant, for cataract, both eyes at a sitting, without their knowledge or resistance. I have extirpated tumors—made resections of bones—have reduced dislocations and fractures—and, in short, have used the Chloroform in many operations, both in surgery and surgical obstetrics, while the patients were under the deep or the partial influence of Chloroform—extracted teeth, and myself had a tooth extracted, under its influence. But after all, the greatest amount of benefit to be derived from its use to suffering humanity, will hereafter be found to result from the anæsthetic treatment of non-surgical diseases.

I have used it with most decided and marked advantage in the following diseases: apoplexy, epilepsy, chorea, hysteria, neuralgia, rheumatism, cholic, pains in the head, pains in the back and limbs—febrile diseases, asthma, &c., &c. And why should I not? Pain is an evil, without the removal of which no remedial agent can produce its desired effect; and under the continuance of which the susceptibility of the person's system is so far suspended as to prevent the proper operation and effect of medicines from being realized. Opium, as all know, will in most cases relieve pain, but *unlike* the Chloroform, after the pain is removed or suspended by the use of narcotics of this class, as before stated, effects frequently remain which are evils often of not less magnitude than the pain for which the prescription was made; and among which stands prominent, the same insusceptibility to the impression of medicine as before medication, involving as a difficulty an important loss of time, which an anæsthetic would save.

Anæsthesia, when properly induced, has not in one instance in five hundred, in my practice, left any unpleasant effects of an hour's duration; nor have I now within my recollection a case in which unpleasant feelings have been realized from its use, fifteen minutes after its exhibition. But on the contrary such are the general results of its use, that patients are frequently desirous of inhaling it oftener than may be deemed necessary or proper by the medical attendant—manifesting in regard to this means, a disposition too prevalent—a desire to medicate too much. In this, as in all other matters remedial, the physician should judge.

The susceptibility, therefore, being left highly improved by anæsthesia, the patient is in a proper condition for the reception of beneficial medication—and hence it is, that the run of diseases are frequently shortened by this means. Now I wish to be definitely understood, that while pains, grievous to be borne, are frequently relieved by the use of Chloroform, so that the powers of life may be left to take charge of the case, *yet the general rule is, that other means are necessary to establish the health of the patient.* Placing anæsthesia where it should be placed, in the hands of the physician, as *another means*—as an invaluable means, of reducing the sufferings, and hence of saving the lives of those committed to our care.

It is objected to its use, however, that Mrs. so and so, of Cincinnati, and Mr. —, of New York, died under the influence of Chloro-

form. It would be a legitimate reply to such objections, that Mrs. — died under the influence of too large a portion of opium — that Mr. — died after having been medicated to death by excessive purgation — that a delicate patient, Mr. or Mrs —, had died under the irritation of excessive blistering — and so on just so far as culpable error had entered into the judgment of the medical practitioner.

What constitutes the knowledge of a physician? To know disease with a reasonable degree of certainty. Perfection in knowledge is not given to man. To know the ordinary beneficial effects and operations of the remedial means which he may have occasion to use — their pernicious tendencies and effects, when given out of time and out of place, and in too large doses. In short, he should be acquainted with medicines as classes, and as individuals — as families, (if the terms are preferred,) and as members of families.

Should a practitioner, thus acquainted with the activities of his remedies, stand in awe of a new-comer? Should he not, rather, try the effects of the article upon himself, if he was afraid to test it upon others? Should he kill *the patient*, he would probably *save the lives of others*. Should his patient survive, he might in the use of the article bless mankind. If too timid to try it upon himself, I should dislike to be his patient under its use, or under the use of any potent article, lest his "*discretion*" would allow me to die.

I use Chloroform as an external excitant — as an external stimulant, active, pungent and powerful in its effects — yet most readily and easily controlled in its operation. It possesses advantages, and is applicable to uses, not found in any other article. Retained upon the surface by the hand, it will stimulate, irritate or blister, as you please, in from one to five minutes. Internally, or received into the stomach, its operation is pleasant, decided, and in many cases beneficial.

I have used during the past year many pounds of Chloroform, and by its use have lessened human suffering in a considerable degree — curtailed the run of disease, and last, and as some may believe not least, as a consequence, lessened to my patients the cost of protracted medication.

I very seldom medicate to insensibility, either in surgery or obstetrical practice, and in cases purely medical, never.

The rules which I observe in administering Chloroform are few and simple. For respiratory medication, pour from 20 to 60 drops upon the corner of a handkerchief or napkin, and hold it over the slightly opened lips, causing the patient to breathe through the mouth. To produce the proper effect in many individuals, it may be necessary to repeat the application frequently in rapid succession. To test the susceptibility of the patient, use a small quantity first. Should this make a deep impression, proceed with caution — make such impression only as is necessary.

In all cases where the susceptibility of the patient is not unusually great, I sustain the impression by a repetition of the use, until the object of its exhibition is accomplished.

In surgical and obstetric practice, I permit the patient, if competent to choose, to object or accede to the use of anæsthetics.

Where circumstances permit, the recumbent posture should be preferred. But when this cannot be effected, should the impression be grave, or continue longer than is necessary, lower the head, and make agitating pressure upon the chest.

As there may be cases in which a small quantity would do harm, if the test quantity, say 20 drops, should produce *very unpleasant effects*, I would not persist in using it.

Chloroform inhaled in small quantities acts as a light, transient stimulant, in large quantities, as a deep and subduing sedative; and hence its applicability to the treatment of such an extended train of morbid irritations.

Externally, as before stated, Chloroform may be beneficially used as a pleasant stimulant — a pungent irritant, and a vesecatory, by retaining it in contact with the skin, from one to five minutes — and stands unrivalled where such ends are desired to be speedily effected.

By the stomach, Chloroform may be used advantageously either as a light, transient stimulant, or as an excitant of a more grave and permanent character — the effect depending upon the quantity given and frequency of dose, as in other articles of *materia medica*. My favorite formula is,

Pulv. Ginger.	drachms ij,
Chloroform,	drachm j,
Water,	ounces vi.

Mix, and keep in a bottle. Dose, from a tea to a table spoonful every ten, twenty, or thirty minutes, as the urgency of symptoms and the effects produced may justify.

To the foregoing may be added, to meet particular indications, spt. camphor, laudanum, &c., as in the judgment of the practitioner may be proper.

Such means of medication with chloroform are well adapted to sickness of stomach, diarrhœa, and many of the painful irritations to which the abdominal viscera are liable.

NOTE — The mixture will require to be agitated before it is used, as the Chloroform, from its specific gravity, will fall to the bottom of the bottle. And lastly, permit me to assure you, that I have administered this article with good effect, by all of the modes here presented, in the same case, and at the same time.

Among the many new things the present age of the world is revealing to man for his comfort, the singular substance, Gutta Percha, deserves our attention. Under the influence of a moderate degree of heat, it is capable of being moulded into any form which either fancy or uses may suggest, from the most delicate web, to that of a band for the most heavy working machinery — from the slender bougie, to the sternly resisting surgical splint — smooth, firm, and resisting when cold, having been applied to a limb while warm, the surgeon realizes from its use, as a sustainer of parts, advantages not readily found in any other substance.

For the construction of bougies, probang, &c., no material in existence can surpass it. Strong and resisting, elastic as horn, tough as leather, and ductile as wax; in the hands of a man understanding his wants, it assumes sizes and fashions suited to his purpose — and this, too, with a facility unknown in any other kind of manufacture — and hence its astonishing value to the practical surgeon. But to see, is to be convinced. Here are a few specimens of the wrought and the raw material — the model — the cast — the artificial nose — the palate — the shoe sole — the riding whip — the impervious hat lining — the water bottle — the hat — the instrument case, &c., &c., are but a few illustrations of its wonderful uses.

Insoluble in every other liquid so far as I know, it is readily soluble in Chloroform, and in such solution constitutes an adhesive dressing for wounds, equalled only in its adhesive quality — but not surpassed — by collodion, the last discovered, and possibly the best of all the adhesives discovered.

The Gutta Percha plaster is used by hastily applying strips spread with the pulp or mucilage to the parts, without heat, where by evaporation it readily adheres, with such a degree of tenacity as seldom to surrender its hold upon the surface until it detaches the cuticle.

To wounds in which it may, from peculiar circumstances, be desirable to apply a stimulating dressing, this adhesive is beyond all question the very best retainer that can be used, as it, from the Chloroform, derives a stimulating quality of no ordinary character.

This article is most readily prepared by adding to Chloroform, gutta percha in thin slips, until it assumes such degree of consistence as may be desired — keep it in a well corked bottle, and it is ever ready for use.

Collodion, as an adhesive, is sufficiently strong for every surgical purpose; and may be used, like the gutta percha plaster, in every case where a dry surface can be obtained, without the addition of strips, though in many instances such will be necessary. Evaporation in a few minutes leaves a smooth, glossy surface, perfectly insoluble in any menstruum with which I am acquainted — alike resisting the action of any degree of heat which could be borne by the surface of the body — soap, oil and water.

But over every other adhesive, the Collodion in certain cases possesses one important advantage. This results from its contraction while drying, so as to approximate the lips of the wound most closely, while it retains them in contact with unyielding tenacity.

The importance of this quality I have illustrated by its application to relaxed tissues and parts. Every oculist is aware of the difficulty experienced in treating diseases of the eyes, accompanied, and in many instances caused, by a relaxed condition of the palpebræ and neighboring tissues. In Collodion is found the very best application to such structures within my knowledge; because with it I can produce just the amount of contraction required in any given case; and this, too, without the use of unsightly strips.

To point out in detail the great superiority of Xylene, or "the Liquid Adhesive Plaster," over all others, would extend this paper

much beyond the limits assigned to it—nor is this necessary, as every one will be able to use it in accordance with the suggestions of his own mind, as cases are presented. But I may, in conclusion, be permitted to suggest that in cases requiring the positive exclusion of atmospheric air, such as slight burns, and abrasion of the surface, and irritable ulcers, tumors and abscesses, requiring restraining or subduing pressure, this adhesive is invaluable.

NOTE — To cause the encroachment of the sound integument upon an ulcerated or denuded surface, apply the Collodion to the margin of the ulcer or part having suffered loss of substance.

In the treatment of abscesses, where it is desirable to prevent a reaccumulation after the matter has been discharged, apply the "Xyline" to the surface, leaving the discharging orifice free, under cover of a simple dressing.

[H.]

ON THE USE OF LETHEON AND CHLOROFORM IN OBSTETRICS.

BY G. W. BOERSTLER, M. D.

Remedial agents, tried often, and with the utmost assiduity—examined and re-examined by enlightened minds—their effects clearly derived, and their influences under like circumstances often tested, and then promulgated with ingenuousness, are valuable lessons of instruction; but when these are permitted to become the vehicles of error, in affording facilities for crude, undigested and hasty speculations and conclusions, they call irresistibly on our attention, and arouse our vigilance. And when such agents come to us, clothed with the high authority of teachers, and enforced by the recommendations of celebrity, it becomes our especial duty to subject them to trial and critical analysis, in examining their uses and correcting their pernicious influences. We shall do so in examining the Letheon and Chloroform, as recommended in the report of the committee on Obstetrics, made to the National Medical Association in Baltimore, in 1848, and the reasons there given for their application. Before doing so, we must enter into an examination of the phenomena of parturition; for we must first learn what is within nature's scheme, before we are qualified to judge what is without her plan. If the parturient state be one of health, strictly physiological in all its manifestations, a sound philosophy will teach us not to interfere in its operations, unless indeed nature shall have been interrupted by adventitious circumstances; and how rarely this occurs, is obvious to all who can lay claim to obstetric practice. In contemplating the anatomy of the human female, and viewing the uterus and its appendages, all

destined to perform the various functions necessary to the propagation of our species, I must confess that my mind is indelibly impressed with the fact, that parturition is as much a process of the laws of health, as is the secretion of bile, or saliva, or gastric juice; and can this process of nature be so ameliorated or improved by medication, as to be better suited, in all its relations, to the purposes of its office, than it is by its original constitution? I answer, No! Then why attempt to disturb nature in her plans, or break into her operations? Such, to me, seems to be the purpose of the Committee on Obstetrics. They not only *improve*, but *shorten* the process, and even hope to avert the denunciations of high Heaven on woman, "Ego te multis doloribus" by the Letheon and Chloroform. The *moral* and physical necessity of parturition are to be dissipated; both to be washed out by the obliviousness of these anæsthetics. If no *moral* necessity for the pains of child birth existed, it were profitable to make the enquiry, why this only physiological process is *invariably* attended with pain? We say *invariably*, for the few exceptions but prove the rule. The solution upon any principles of physiology will be difficult. When we examine the process of parturition, the forces employed, the ardor of phenomena presenting in regularity and uniformity, it will not be difficult to believe all these to result from laws laid strong and deep in the female constitution, and that they cannot be improved upon by education. The forces employed in this wonderful process we deduce from the laws of the constitution of the mother, and not from any fanciful suppositions of adventitious causes, requiring the interference of art. These forces are resident in the uterus, the abdominal muscles, and the diaphragm, and are of two distinct kinds—the tonic and clonic. The tonic (elastic) powers we believe reside exclusively in the circular fibres of the uterine muscles; and when once called into action by the laws of female organism, they act unceasingly until the contents of the uterus are expelled, and this viscus itself regains its almost original volume. Of this constant action, this elastic power, the mother is unconscious; it perpetually urges, yet without pain. Of expulsive power it is incapable. The clonic power, (upon which depend the real throes, the pains of child-birth,) the alternate contraction and relaxation, resides in the longitudinal fibres of the uterine muscles; and when nine calendar months shall have elapsed from the time of conception, the uterus, from the interest it has in the general sympathies of the system, presses into its service the aid of the abdominal muscles and the diaphragm; and this clonic expulsive power acts until the whole process of labor shall have been completed, and this, in ninety-nine out of one hundred cases, without the interference of art. Such interference is meddling midwifery, which is always bad.

If it were necessary to adduce additional evidence of the *fixedness* and *uniformity* of the term of labor, I would call to mind the fact, that in extra-uterine fœtation, these throes of labor come on with the same force and regularity, at full term, as if the fœtus were within the cavity of the uterus. I hope not to have been altogether unsuccessful in showing where the powers of *constant* and *alternate* con-

tractions reside — that these are called into action by the laws governing the female constitution, and consequently are physiological in their operations. The causations thereof are inscrutable to man ; and surely we may be content with the knowledge of the facts, and venerate the wisdom which so wisely orders the whole process of parturition. The gradual euclation of the uterus, the final relaxation of the os-tincæ and soft parts, the copious secretion of mucus, phenomena which follow in such beautiful *succession* and *regularity*, in all cases of natural labour, we equally deduce from the healthy laws of the animal economy, and not from portentous causes, requiring the interference of art.

In the report of the committee we are told “ that the *pain of parturition* may safely be lessened or entirely subdued by the Letheon or Chloroform, and that this state of *insensibility* can be kept up for hours with entire safety ; that *relaxation of the os-tincæ* and *soft parts*, and *increased secretion of mucus* follow their use ; and that they *increase the expulsive powers of the uterus*.” The italics are ours. I had hoped that the understandings of men would not have been thus outraged ; such declarations are out of the pale of common sense, and not warranted by correct observations. They are too gross for the credulity of the most credulous. That a state of *insensibility* in the parturient female, kept up for hours, is either *safe* or *desirable*, is what we cannot give our assent to ; as far as our observations extend in this, to us not an unexplored field ; and as far as our judgment can lead us to safe conclusions, we are impressed with the fact, that the *perfectly healthy condition* of the parturient female, in all her organs, and in their mutual relations to each other, is a *safer* one than where *insensibility* is produced by the Letheon—Eclampsia or death. The committee state, by way of proving the innocuousness of these potent and powerful agents, that they have been exhibited with safety in more than 2000 obstetric cases. Nature, *unassisted* by the Letheon or Chloroform, has happily terminated this process in many millions of cases. Have not all obstetricians often witnessed the astonishing recuperative powers of the female constitution during the parturient state ? When she had been prostrated by long protracted previous disease ; when pestilence had invaded her organism ; and when famine had reduced her frame to a shadow ; yet when this enfeebled frame was called upon by the full period of child birth, we behold it go through this process to its completion, with the most wonderful *regularity*, and the most pleasing *safety* to the mother and her offspring. These scenes teach us how wisely and how carefully the Author of all has guarded the great function of preservation ; and they inculcate, not faith in the Letheon or Chloroform, but in the full power of *unsupported* nature, in all natural labors.

I have now done with the committee, and will briefly notice some propositions offered by a professor of midwifery, as exhibited in the supplement to the Report. He says he has “ exhibited the Letheon and Chloroform in a considerable number of obstetric cases ” ; the kind of cases, whether natural or preternatural, is left in doubt. The *presumption* is, they were *natural*, for a “ considerable number ”

of preternatural cases do not usually occur, even in the practice of a professor of the art. Five of these cases he has *somewhat* defined. He says, "in five cases I have given the Chloroform to arrest *constant* pain, and to establish *alternate* contractions, to promote a more speedy dilatation of the os tincæ, and a greater relaxation of the vagina and perinæum." Whether the professor was *fortunate enough* to *realize* his *well meant intentions*, we are left to conjecture. The well established fact is, that the *constant* contractions, the tonic powers, gives no *pain*; and to establish *alternate contractions* by Chloroform, an agent which acts upon the common centre of innervation, blunting or destroying sensibility, and sequentially abstracting from muscular contractility, requires a brilliancy of fancy which we can not claim; that "dilatation of the os tincæ, and relaxation of the vagina and perinæum" *followed* the *use* of the *Chloroform*, we do not at all question; but that these usual, invariably natural phenomena followed in *consequence of the use* of the Chloroform, we must express our skepticism upon. The *constant* and *alternate* contractions — the dilatation of the os tincæ — the relaxation of the vagina and perinæum during parturition, is a law of the female economy — within the scheme of nature, and stamped upon the constitutions of all parturient females, whether in civilized or savage life — a thing fixed, uniform and invariable; and when gentlemen talk of *improving* the *healthy functions* of the human organism, we must be excused for our want of credence.

In another extract from the same report, the professor is *made* to say, for I hope he has been misunderstood, that "a given amount of uterine contraction will effect an expulsion of the fœtus, under the use of either Letheon or Chloroform, much more speedily than when nature is permitted to proceed unassisted." This were, if demonstrable, the most splendid discovery of the mysteries of parturition. Correct observation, and the concurrent testimony of obstetricians, establishes beyond doubt, that there is a certain resistance to overcome by the co-operating expulsive forces of certain uterine and abdominal muscles, with the aid of the diaphragm. Can the common centre of innervation be so obtunded as to produce a relaxation of *one set of muscles*, without affecting the whole, and thereby lessening the necessary expulsive force? Any remedial agent which abstracts from the *one*, must diminish the efficiency of the *other*. If, therefore, the sentence, as quoted, conveys any distinct impression to the mind, it is, that under the use of the Letheon or Chloroform, an expulsive force of a *given* amount, will overcome a resisting force of a *greater* amount. If this be true, then all our preconceived opinions of the law of force, and which we believed heretofore to be universally held and established, are false and illusory; and nature has been fairly beaten in her operations, by the Letheon and Chloroform.

I would suggest to the obstetrician, when he enters the parturient chamber, to arm himself, not with anæsthetic agents, but with a goodly stock of patience, a calm and observing mind — *trusting* much to the powers of nature, and only exercise his art, when she shall have been thrown out of her plan by accident or disease.

